

Mar.08.2017 16:52

JOLIET VISION CARE CENTER 815

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Exam ID: 6859

Date Printed: 03/08/2017 3:20 PM

Eyecare Examination Form

Last Name: JOHNSON

First Name: CEDRIC

Initial:

Exam Date:

Thu, Aug 25, 2016

Date of Birth:

Last Exam:

Exam Type: General Purpose

Provider: DAVID CASPER

Exam No.:

6859

Doctor Start Time:

Doctor End Time:

Gender:

Male

Total face-to-face time: min

Counseling & coordination time: min for

Encounter History**Allergies** No information recorded**Allergies**

Reaction

Onset Date

Chief Complaint/Reason for Visit**Chief** Complaint and History of Present Illness (HPI)

Yes BLURRED FAR and NEAR

Location	Quality	Severity	Duration	Timing	Context	Modifying Factors	Associated Signs or Symptoms
Both Eyes	Blur	Moderate	Years	Constant	Driving	Glasses	Headache
MIGRAINES/HAS BLIND SPOT IN HES OS EYE SINCE 2014							

Current Medications (Manual Entry)

Medication Name

Reason

Buspar

anti-anxiety agent

Zoloft

Remeron

antidepressant

Lopressor

cardioselective beta blocker

Lisinopril

Doxazosin

Norvasc

Current Medications (Electronic Entry)

No information recorded

Brand Name

Medication Name

Start Date

Stop Date

Past, Family & Social History (PFSH)**Past****Family**

Ocular: - GLC - AMD

Ocular: - GLC

- CAT - CA

- CAT

- OR - Surgery

- AMD

Other:

Other:

Medical: + HTN + CHOL

Medical:

- DM

Other:

Other:

Review of Systems (ROS)

Primary ROS taken today

Eyes:

• Blurred vision

Cardiovascular:

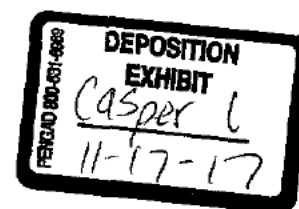
• Hypertension

Psychiatric:

•

Brief Assessment of Mental Status☒ Noted orientation to time, place and person ☒ Noted mood and affect

Pretesting



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Exam ID: 0659

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Last Name: JOHNSON
Data of Birth:

First Name: CEDRIC

Initial:

Exam Date:

Thu, Aug 25, 2016

Last Exam:

Color Vision

OD

OS

Color Vision 8 / 8

Type of test: Ishihara Color Plates

8 / 8

Type of test: Ishihara Color Plates

Stereo 9 / 9

or (seconds of arc)

Type of test: Titmus Stereo Fly

Tonometry

OD 14

OS 18

@ 1:48 PM, CST

Method: NCT

Eye Drop

Oculus

OU

@

Visual Acuity

Un-Aided

Aided

	Dist	16"	Pinhole	Dist	16"	Pinhole
OD	20 / 200	20 / 60	20 / 40	20 /	20 /	20 /
OS	20 / 200	20 / 120	20 / 50	20 /	20 /	20 /
OU	20 / 200	20 / 60	20 / 40	20 /	20 /	20 /

Method: SNELLEN

Vitals

Height 5 R 0 in (Patient Reported)

Weight 275 lb (Patient Reported)

BMI 37.3

Blood Pressure 114 / 92 (Performed Here)

Blood Sugar

Time:

Refractions

Objective Refraction - Autorefractometer PD(mm):

Instrument Used: RK 5 Canon

	Sphere	Cylinder	Axis	Add	V Prism	Base	H Prism	Base	Acuity	Dist PD	Near PD
OD	-1.75	-0.50	X 100						20 /		
OS	-2.00	-0.50	X 095						20 /		
OU									20 /		

Retinoscopy PD(mm):

Instrument Used: Canon RK 5

	Sphere	Cylinder	Axis	Add	V Prism	Base	H Prism	Base	Acuity	Dist PD	Near PD
OD	-1.75	-0.50	X 100						20 /		
OS	-2.00	-0.50	X 095						20 /		
OU									20 /		

Subjective Refraction

Instrument Used: SNELLEN CHART

	Sphere	Cylinder	Axis	Add	V Prism	Base	H Prism	Base	Dist Acuity	Near Acuity	Dist PD	Near PD
OD	-1.75	-0.75	X 097	+1.50					20 / 25	20 / 25		
OS	-1.75	-0.75	X 095	+1.50					20 / 25	20 / 25		
OU									20 / 25	20 / 25		

Final Spectacle Prescription

Primary Spectacle

Expiration Date 08/25/2018

	Sphere	Cylinder	Axis	Add	V Prism	Base	H Prism	Base	Acuity	Dist PD	Near PD
OD	-1.75	-0.75	X 097	+1.50					20 / 25		
OS	-1.75	-0.75	X 095	+1.50					20 / 25		
OU									20 / 25		

Recommendations:

RIFOCAL Rx

Examination

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Exam ID: 0059

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Last Name: JOHNSON

First Name: CEDRIC

Initial:

Exam Date:

Thu, Aug 25, 2016

Date of Birth:

Last Exam:

Pupils	Dim	Bright/Direct	Bright/Consensual	APD	Shape	Accommodative Response	Iris
OD	4.0 mm	2.5 mm	2.5 mm		Round	Normal	NORMAL
OS	4.0 mm	2.5 mm	2.5 mm		Round	Normal	NORMAL

MotilityCover Test

Amount

Amount

Dist exo ☐ hyper phoria
 Near exo ☐ hyper phoria

EOM ☒ Full Range of Motion OU ☐ Smooth ☐ Choppy ☐ Head Movement ☐ Limited

NPC (Near Point of Convergence)

Break (cm)

Recovery

Accommodative 24 / 32

Confrontation

Confrontational Fields

FTFC OD, OS

Adnexa

OD

OS

Lids Normal
 Lashes NORMAL
 Puncta Clear
 Lacrimal Glands NORMAL
 Orbits Normal
 Preauricular Nodes NOT PERFORMED

Normal
 NORMAL
 Clear
 NORMAL
 Normal
 NOT PERFORMED

Anterior Chamber

OD

OS

Depth: Normal

Depth: Normal

☐ Clear☐ Clear☐ Cell☐ Cell☐ Flare☐ Flare**Conjunctiva**

OD

OS

Palp Conj Normal
 Bulb Conj Injected 1+

Normal
 Injected 1+

Cornea

OD

OS

Epith Normal
 Stroma NORMAL
 Endoth Normal
 Tears Normal Tear Volume

Normal
 NORMAL
 Normal
 Normal Tear Volume

IrisOD ☒ Flat Rubecosis IridesOS ☒ Flat Rubecosis Irides**Lens**

OD

OS

☐ Clear☐ Clear☒ NS Trace☒ NS Trace☒ Cort Trace☒ Cort Trace☐ PSC☐ PSC☐ Aphakic☐ Aphakic

Type

Location

Type

Location

☐ IOL☐ IOL☐ posterior☐ posterior

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Exam ID: 8959

Date Printed: 03/08/2017 3:20 PM

Last Name: JOHNSON
Date of Birth: August 23, 1971

First Name: CEDRIC

Initial:

Exam Date: Thu, Aug 25, 2016
Last Exam:

Sclera

OD CIRCUM-CORNEA HYPERPIGMENT OS CIRCUM-CORNEA HYPERPIGMENT

Provider Signature:

Dr. David Cooper, OD

Date:

3/8/2017

End of EHR Documentation